

**AFFIDAVIT OF DEATH  
AND HEIRSHIP  
Of**

\_\_\_\_\_  
*(print name of deceased person)*

I, \_\_\_\_\_,  
*(print name of person completing form)*  
being first duly sworn upon oath depose  
and state:

That I was personally acquainted with  
\_\_\_\_\_  
*(print name of deceased person)*

hereinafter referred to as "the Deceased"  
for \_\_\_\_\_ years, and held the following relationship to the Deceased: \_\_\_\_\_;  
*(i.e. parent, brother, sister, spouse, friend, etc.)*

That the Deceased departed this life in the City of \_\_\_\_\_, the County of \_\_\_\_\_, and  
the State of \_\_\_\_\_, on or about the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_. The Deceased  
was \_\_\_\_\_ years old at the date of death;

That I am well acquainted with the family of the Deceased and with those who would be the heirs of the Deceased,  
and that the following statements or answers are based upon my personal knowledge and are true and correct:

For Recording Purposes Only

**PART I - GENERAL INFORMATION**

1. Did the Deceased leave a Will? *IF YES, A COMPLETE COPY OF THE WILL IS ATTACHED.* Yes  No
2. Has there been a court proceeding concerning the estate of the Deceased? Yes  No   
*(i.e. to administer the estate, prove the validity of a will, to sell or distribute the property of the Deceased)*

***Complete the following only if there has been a court proceeding:***

Proceedings were held in the County of \_\_\_\_\_, State of \_\_\_\_\_

The Estate is open and a copy of the Court issued document naming the executor  
or administrator is attached. The executor's or administrator's address is as follows:

\_\_\_\_\_.

The Estate is no longer open and the date it closed is as follows: \_\_\_\_\_.

3. The Deceased was married \_\_\_\_\_ times. The names and addresses of ALL PERSONS to whom the  
Deceased was married together with other information is as follows: *(attach a separate sheet if necessary)*

<u>Name of Spouse</u>	<u>Date of Marriage</u>	<u>If not Living, Date of Death</u>	<u>If Divorced from the Deceased, Date and Place</u>	<u>Complete Address, if Living</u>
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____

4. Did the Deceased leave any unpaid debts: Yes  No

If Yes, give as nearly as possible the amount of such debts and state whether they have been paid: \$ \_\_\_\_\_ Paid  Unpaid

**PART II - CHILDREN OF THE DECEASED:**

*A separate sheet may be attached if necessary for questions #5 and #6 below.*

5. The names of **ALL** children born to or legally adopted by the Deceased (including children from **all** marriages and illegitimate children) together with other information is as follows:

<u>Name of Child</u>	<u>Date of Birth</u>	<u>If not living, Date of Death</u>	<u>Name of Spouse and if not living, Date of Death</u>	<u>Complete Address, if Living</u>
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____

6. Of the children named in #5 above who are not living, the names of **ALL** his/her children, together with other information is as follows:

<u>Name of Child</u>	<u>Date of Birth</u>	<u>If not living, Date of Death</u>	<u>Name of Father &amp; Mother</u>	<u>Complete Address, if Living</u>
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____
d) _____	_____	_____	_____	_____

*If the deceased left no spouse OR no children or grandchildren, continue to page 3. Otherwise, complete this Affidavit by signing here and having your signature notarized.*

\_\_\_\_\_  
**Affiant** (person completing Affidavit)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**PART III - ANCESTORS AND COLLATERALS OF THE DECEASED**

*(Complete Part III ONLY if deceased left no surviving spouse, children, or grandchildren)*

7. The name of the Deceased's father and his address, if living, **or** the date and place of death, is as follows:

ANSWER: \_\_\_\_\_

8. The names of **ALL** children born to the Deceased's father, together with other information is as follows:

	<u>Name of Child</u>	<u>Date of Birth</u>	<u>If not living, Date of Death</u>	<u>Name of Spouse and if not living, Date of Death</u>	<u>Complete Address, if Living</u>
a)	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____
d)	_____	_____	_____	_____	_____

9. The name of the Deceased's mother and her address, if living, **or** the date and place of death is as follows:

ANSWER: \_\_\_\_\_

10. The names of **ALL** children born to the Deceased's mother, together with other information is as follows:

	<u>Name of Child</u>	<u>Date of Birth</u>	<u>If not living, Date of Death</u>	<u>Name of Spouse and if not living, Date of Death</u>	<u>Complete Address, if Living</u>
a)	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____
d)	_____	_____	_____	_____	_____

*A separate "Affidavit of Heirship" will be completed for any brother or sister of the Deceased who is not living. Complete this Affidavit by signing here and having your signature notarized.*

\_\_\_\_\_  
**Affiant** *(person completing Affidavit)*

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**